

ALASKA NATIVE MEDICAID FOCUS GROUPS

FATHERHOOD INITIATIVE

expanded to include

ALASKA NATIVE MOTHERS AND ELDERS



Sponsored By

the Health Care Financing Administration

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REPORTS

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The success of these focus groups was largely due to the hard work and planning of Ms. Johanna K. Dybdahl, Tribal Administrator for Hoonah Indian Association and Ms. Charlotte McConnell, Community Service Worker for Hoonah Medical Center. We are grateful to them for coordinating the invitations to focus group participants, arranging traditional meals and ensuring that focus group participants arrived for all sessions. Hoonah Indian Association provided the accommodations for the focus groups at no charge.

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The picture on the front cover appears with permission from Ms. Liv Gray and John Thompson, photographer.

Finally, a special thank you to all the fathers, mothers and elders who participated in the focus groups. Their contributions will enable HCFA and the State Medicaid agencies to provide more appropriate information to assist Medicaid recipients to make the best possible health care decisions for their children and themselves.

TABLE OF CONTENTS

	Page Number
I. Executive Summary	I-1
II Introduction	
A. Fatherhood Initiative	II-1
B. Alaska Native Population	II-3
C. Hoonah, Alaska	II-4
D. Indian Health Service and Alaska Medicaid Program	II-6
E. Focus Group Goals	II-9
III Custodial and Non-Custodial Fathers' Focus Group	III-1
IV Mothers' Focus Group	IV-1
V Elders' Focus Group	V-1
VI Case Study	VI-1
VII Recommendations	VII-1
VIII Appendix	
Appendix A - President Clinton's Memorandum	
Appendix B - DHHS' Fatherhood Initiative	
Appendix C - Alaska Statute AS 47.07.035	
Appendix D - Fathers' Focus Group Questions	
Appendix E - Mothers' Focus Group Questions	
Appendix F - Elders' Focus Group Questions	

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SECTION I
EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The Alaska Native Medicaid Focus Groups represented the third Health Care Financing Administration (HCFA) sponsored project of this type designed to obtain information directly from Medicaid recipients. The Alaska Native Medicaid focus groups expanded the Clinton Administration's Fatherhood initiative to include mothers and elders. The goals of the Alaska Native Medicaid focus groups were to:

- a) determine the level of involvement of Alaska Native fathers in making health care decisions for their children, in providing health care for their children, and to identify any barriers that inhibit the fathers' involvement.
- b) determine whether the health care needs of Alaska Native mothers, children and elders are met.
- c) determine whether a remote Alaska Native population has sufficient access to health care through the Medicaid program.

The first two HCFA-sponsored focus group sessions were held in Baltimore, Maryland and Nashville, Tennessee. The third focus group session was held in Hoonah, Alaska. Why Alaska and why Hoonah? Imagine for a moment living in a beautiful village in southeast Alaska where not only you grew up, but so did your parents, your grandparents and your grandparent's grandparents. Imagine having to travel from home for all specialty care, pre-natal services and childbirth. Now imagine living in a village where the only way to travel to another village or town is by a minimum four hour ferry ride twice a week, or a twenty minute ride in a small 4-6 passenger airplane. In many instances, thick fog prohibits plane traffic, limiting transportation options to the ferry. This is Hoonah, Alaska. Hoonah has an approximate population of 1,000 residents. Hoonah, and other remote villages in Alaska, present Alaska State Medicaid and the Indian Health Service (IHS) with unique problems not routinely found in other parts of the United States. The Alaska Native focus groups were designed to obtain information from Medicaid recipients related to:

- a) access to health care services
- b) Medicaid information distribution and clarity
- c) barriers to obtaining health care services

- d) barriers to increased participation and involvement of fathers in decision making for health care services for their children and themselves.

The three Alaska Native focus groups consisted of a total of 38 participants. The number of participants, by group, is shown on Table 1 below.

TABLE 1
ALASKA NATIVE FOCUS GROUPS PARTICIPANTS

Focus Group	Number of Participants
Fathers	12
Mothers	14
Elders	12
Total	38

All of the participants of the Mothers’ focus group were recipients of Medicaid services. The participants of the Fathers’ and Elders’ groups were either Medicaid recipients, Medicaid eligible, or lived with Medicaid recipients.

The three focus groups were facilitated by Alvenia Cottingham, Principal, Collaborative Strategies Incorporated (CSI). HCFA contracted with CSI to plan and facilitate the Alaska Native focus groups because of the company’s experience working with Alaska Native and American Indian villages, tribes, communities, health care organizations and corporations, as well as the firm’s expertise in conducting focus groups . CSI’s relationships with Alaska Native people, villages and organizations was critical to ensure that Hoonah residents would attend and actively participate in the focus groups.

The purpose of the focus groups was explained to all participants. All participants signed consent forms giving CSI permission to use their statements and comments in this report. Statements and comments made during the sessions were recorded by tape machine and note taker. The Fathers’ and Mothers’ focus groups were ninety (90) minutes in length and the Elders’ focus group was forty-five (45) minutes in length. Mr. Mel Schmerler from HCFA and Ms.

Nancy Weller from Alaska State Medicaid were present during the Fathers' and Elders' focus groups to answer questions, but were not participants in the discussions.

Questions were developed in advance for each focus group. Participants in the focus groups, in addition to answering these specific questions, were asked to identify major barriers to obtaining services and increasing their participation and decision making in the health care of their children and themselves. The major barriers that were identified and the specific focus groups that identified these barriers is shown below on Table 2.

TABLE 2
MAJOR BARRIERS IDENTIFIED
BY, ALASKA NATIVE FOCUS GROUP

MAJOR BARRIER	FOCUS GROUP		
	FATHERS'	MOTHERS'	ELDERS'
1. Lack of information that explains what services are available through the Medicaid program.	X	X	X
2. Lack of information that details which companies, such as cabs and hotels, accept Medicaid coupons.	X	X	
3. Lack of information about how Medicaid coupons work and the number of Medicaid coupons each person receives monthly.	X	X	
4. No access, or limited access, to Medicaid personnel to answer questions. Do not know how to reach Medicaid offices by telephone.	X	X	
5. Misconceptions and lack of information regarding the Medicaid eligibility process.		X	X
6. Misinformation, misunderstanding and lack of information regarding Medicaid payment for escort services.	X	X	
7. Paperwork and bureaucratic process for non-custodial fathers to give approval for medical treatment for their children.	X		

The Alaska Medicaid Focus Groups emphasized a clear need for information regarding the Alaska Medicaid program. Participants in all three focus groups, cited lack of information as a major barrier to obtaining services. Those participants, mostly from the Mothers' focus group, who understood what services available and how to access these services were generally pleased with the Alaska Medicaid program. Participants were very aware of services that were no longer available through the Medicaid program, such as eyeglasses for adults, and voiced concerns.

The barriers expressed by the participants in the Baltimore, Maryland Focus Groups¹ were generally not expressed in the Alaska Focus Groups. Some of the barriers defined in the Baltimore Focus Group report included: lack of consistency of service provision from one institution to the next; fathers not being treated equally by physicians as mothers; social stigma of receiving medical assistance; and, beneficiaries' bias against the advice provided by doctors.²

Lack of information, misinformation and uncertainty about how to obtain accurate information formed the basis for the major barriers experienced by Alaska Natives in accessing and obtaining Medicaid services for their children and themselves.

¹ Focus groups have been held in Baltimore, Maryland and Nashville, Tennessee. At the time of this writing, only the Baltimore report was available for comparison and contrast with the Alaska experience.

² Medicaid Urban Fatherhood Initiative Focus Groups, Baltimore, Maryland. Pages iv - v.

SECTION II

INTRODUCTION

II

INTRODUCTION

The Alaska Native Focus Groups represented the third in a series of focus groups sponsored by the Health Care Financing Administration (HCFA) designed to (1) obtain information directly from Medicaid recipients and (2) respond to President Clinton's memorandum requesting "heads of executive departments and agencies to support the role of Fathers in Families."¹ The first two focus groups were held in Baltimore, Maryland and Nashville, Tennessee. The Fatherhood Initiative and the barriers fathers experience in participating in their children's health care was the central point of the first two focus groups. The Alaska Native groups expanded the Fatherhood Initiative focus to include mothers and elders. This expansion was made, in part, because of the vulnerability of the Alaska Native and American Indian populations, and the desire to understand the unique needs of Alaska Natives participating in the Medicaid program.

A. FATHERHOOD INITIATIVE

On June 16, 1995, President Clinton sent a memorandum to every head of executive departments and agencies to support the role of fathers in families. Under the leadership of Secretary Donna Shalala, the Department of Health & Human Services has undertaken a number of activities that recognize and support the roles of fathers in families. These activities are guided by the following principles:²

- All fathers can be important contributors to the well-being of their children.
- Parents are partners in raising their children, even when they do not live in the same household.

¹ President Clinton's Memorandum dated June 16, 1995. A copy of the President's memorandum is presented as Appendix A.

² "The Fatherhood Initiative," Department of Health & Human Services web site. Copy of citation is presented as Appendix B.

- The roles fathers play in families are diverse and related to cultural and community norms.
- Men should receive the education and support necessary to prepare them for the responsibility of parenthood.
- Government can encourage and promote father involvement through its programs and through its own workforce policies.

In support of these principles, the Department of Health and Human Services (DHHS) developed a strategy in 1995 for implementing President Clinton's memorandum. That strategy resulted in the development of a report, titled *Fathering: The Man and the Family*. DHHS issued its First Year Implementation Report for *Fathering: The Man and the Family* on May 1, 1997. This report highlighted accomplishments made in achieving the Department's four goals related to the Fatherhood Initiative. The Department's goals are:³

Goal #1: DHHS will coordinate a comprehensive program strategy to strengthen health promotion, disease prevention and treatment, human development and welfare services for fathers and children.

Goal #2: DHHS will implement a research strategy that ensures that its research efforts appropriately investigate the roles of fathers in families and the effects of fathering on child well-being.

Goal #3: DHHS will use positive, supportive messages and language regarding fathers and fatherhood in all relevant publications and announcements.

Goal #4: DHHS will ensure that the workplace is supportive and responsive to the needs of all employees, including fathers, raising children.

The sponsorship of Custodial and Non-Custodial Medicaid Fathers' Focus Groups in Baltimore, Maryland, Nashville, Tennessee and Hoonah, Alaska by HCFA and State Medicaid agencies is in compliance with, and support of, President Clinton's Fatherhood Initiative memorandum and DHHS' *Fathering: The Man and the Family* goals.

³ *First Year Implementation Report for Fathering: The Man and the Family*. Prepared by the DHHS Fathers' Work Group, May 1, 1997, Page 3.

B. ALASKA NATIVE POPULATION

The Alaska Native Focus Groups included custodial and non-custodial fathers, mothers and elders. The mothers' and elders' groups were included to determine:

- a) whether the health care needs of Alaska Native mothers and elders are met.
- b) whether a remote Alaska Native population has sufficient access to health care through the Medicaid program.

In the Alaska State Medicaid program, "children from ages 0 to 21 comprise the largest beneficiary group at 59%; and yet at \$1,787 per child, require less spending per person than the other beneficiary groups. The elderly (age 65 and over) are the smallest beneficiary group at 6% and have a per person expenditure of \$9,026."⁴ Sponsoring mothers' and elders' focus groups provides HCFA and Medicaid with first hand information regarding the barriers experienced by the largest utilizers of Medicaid services, in terms of both numbers of beneficiaries and per capita expenditures.

Alaska Native is a term used to describe people of Athabaskan, Tsimpsian, Tlingit, Haida, Eskimo and Aleut descent. Hoonah, Alaska is the principal village for the Huna, a Tlingit tribe which relocated from the Glacier Bay/Icy Strait area. Hoonah, with an approximate population of 800, with 67.2% of the community members being Native, is the largest Tlingit village in Alaska. The Huna Tlingits are a proud and ancient people. Like most Native Alaskans and American Indians, culture and traditional ways of life are central to the Huna Tlingits. Dr. Michael Trujillo, Director of Indian Health Service (IHS) stated that, "American Indians and Alaska Natives strive for a close integration within the family, clan, and tribe and live in harmony with their environment."⁵ It is this closeness to family and clan that makes it critical that programs such as Medicaid provide the resources required for a family member to accompany patients during health care related travel and away from home stays for medical care. The Alaska State Medicaid program, in recognition and response to this need, pays for escort services.

⁴ State of Alaska, Division of Medical Assistance Annual Report FY 96, page 12.

⁵ Dr. Michael Trujillo, Director Indian Health Services, IHS Profile, page 3.

Alaska Natives and American Indians experience relatively high mortality rates in comparison with the general population. “Currently, the age-adjusted alcoholism death rate for Indians is 440 percent higher than that for the general U.S. population; accidents, 165 percent higher; diabetes mellitus, 154 percent higher; homicide, 50 percent higher; and suicide, 43 percent higher.”⁶ The Alaska Natives and American Indians are vulnerable populations. In Alaska, IHS and the Alaska Medicaid program combine to provide this population with needed health care services to improve health status, while respecting traditional ways and culture.

C. HOONAH, ALASKA

Hoonah is a predominately Tlingit community in the northeastern part of Chichagof Island in Southeast Alaska. It is situated on the eastern shore of Port Frederick near the entrance to Icy Straits. Hoonah is located in an area within Southeast Alaska known as the ‘inside passage’.



⁶ Dr. Michael Trujillo, Director Indian Health Services, IHS Profile, page 7.

The Huna are a Tlingit people who lived in the Glacier Bay area for thousands of years. The Tlingits traditionally had a well organized social structure and obtained their main livelihood from the sea. They had permanent villages and established seasonal temporary camps as they hunted, fished and gathered away from the village. Hoonah was and still is the principal village of the Huna people. Hoonah was known long ago as “Gaawt’aKaan” meaning “Village by the Cliff” in Tlingit language. The original villages of the Huna Tlingit were located in Glacier Bay, but during the last ice age the clans were forced out and moved to the present location. Today the people of Hoonah still consider the traditional and customary harvesting of their natural resources to be a significant part of their lifestyle. The Huna Tlingit combine the traditional ways of their distinguished past with new opportunities for the future.



Hoonah, Alaska

The Hoonah Indian Association (HIA) was formed on August 19, 1939 under Sections 16 and 17 of the Indian Reorganization Act of 1934. A disastrous fire in 1944 nearly burned the Town of Hoonah to the ground. As a result, the HIA organization became very prominent in Alaska for implementing innovative property programs. By 1946, HIA was instrumental in constructing new homes, a new addition to the primary school and a new high school. Other

for local improvements. Today, HIA is currently providing its own self-determination contracts under Public Law (P.L.) 93-638. On December 1, 1996, HIA signed an agreement with IHS to manage the Hoonah Medical Center. The Huna Tlingit people, through HIA, have a proud and long tradition of providing leadership and taking responsibility for their community.⁷

Why Alaska and why Hoonah? Hoonah, Alaska and her residents provide HCFA and Medicaid with the opportunity to meet with Alaska Natives who understand their health care needs, have a tradition of caring for their families and have historically taken responsibility for their community. All of the participants invited to the three focus groups held in Hoonah attended the sessions. Hoonah's custodial and non-custodial fathers, mothers and elders came to the focus groups ready to discuss their needs and the barriers they face and to offer suggestions on how improvements can be made. Hoonah, an island that is dependent on small plane and ferry service for all travel on and off of island, provides HCFA and Medicaid with the opportunity to observe transportation and patient escort needs that, while not unique in Alaska, are not routinely found in most of the rest of the United States.

D. INDIAN HEALTH SERVICE AND ALASKA STATE MEDICAID

The Indian Health Service (IHS) is an agency of the U.S. Public Health Services, Department of Health and Human Services. "The IHS provides a comprehensive health services delivery system for American Indians and Alaska Native with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs."⁸ IHS services are provided directly to beneficiaries as well as through tribal contracted, managed and operated health programs.

"Through P.L. 93-638 self-determination contracts, the tribal health programs also provide comprehensive preventive and curative services. As of March, 1996, American Indian tribes and Alaska Native Corporations administered 12 hospitals, 116 health centers, 56 health

⁷ History of Hoonah, the Huna Tlingits and the Hoonah Indian Association was provided by Ms. Johanna K. Dybdahl, Tribal Administrator, Hoonah Indian Association.

⁸ Indian Health Service Fact Sheet, page 1.

stations, and 167 Alaska village clinics.”⁹ On December 1, 1996, Hoonah Indian Association entered into a “638” contract with IHS. Hoonah Medical Center is now a tribal-managed IHS health clinic.

Hoonah Medical Center



IHS provides comprehensive health care services, including inpatient, ancillary, ambulatory and emergency care, and preventive and rehabilitative services for members of Federally recognized Indian tribes and their descendants. Native Alaskans and American Indians who are members of HIA, a Federally recognized tribe, are eligible for IHS services.

The State of Alaska entered the Medicaid program in 1972. The program is administered by the Division of Medical Assistance in the Department of Health and Social Services. The Division of Medical Assistance’s primary goal is to “enable needy Alaskans access to medical care through the same network of medical providers servicing the general population, and to conduct medical surveillance which assures that medical services provided are appropriate and of the proper duration and scope for the illness involved.”¹⁰ “Alaska only has a categorically needy Medicaid Program aimed at people who are already at the income qualifying standard for their category. It does not administer a medically needy program which allows higher income to spend down on medical needs to an income qualifying standard.”¹¹ However, in addition to the

⁹ Indian Health Service Fact Sheet, page 2.

¹⁰ State of Alaska Medicaid Program, General Information, web site.

¹¹ Alaska Medicaid Program Overview, page 1, web site.

designed to meet the needs of all Alaskans (Appendix C presents a copy of AS 47.07.035).¹² In 1987, the Alaskan Legislature opted to cover pregnant women and infants with incomes under 100% of the federal poverty guideline and waived the maximum resource limit in order to implement the Alaska Healthy Baby Program.

Alaska's Medicaid Program has several programs designed to meet the unique needs of Alaskans. The Permanent Fund Dividend Hold Harmless Program (PFDHH) is one such program. "The Alaska State Legislature created the PFDHH program to protect those Medicaid clients who would lose their eligibility as a result of the receipt or retention of the Permanent Fund Dividend. Under the PFDHH program, the state maintains the client's eligibility for up to four months by using state funds to pay for medical services."¹³

In remote Alaskan villages such as Hoonah primary health care services are usually provided by mid-level practitioners and community health aides/practitioners.¹⁴ However, access to specialized physicians requires that the individual must travel from his or her home village to another location to receive this level of medical care. Alaska is the largest state in the US. Covering 586,400 square miles, Alaska is more than twice the size of Texas. "Alaska's immense size, limited number of medical providers, widespread population and lack of an adequate road system all contribute to the increase in transportation costs experienced by Alaska's medical assistance programs."¹⁵

¹² Copy of AS 47.07.035 taken from State of Alaska, Division of Medical Assistance Annual Report, Fiscal Year 1996.

¹³ Division of Medical Assistance Annual Report, Fiscal Year 1996, page 6.

¹⁴ Mid-level practitioners include Nurse Practitioners and Physician Assistants. Community Health Aides and Community Health Practitioners practice only in the State of Alaska. Community Health Aides/Practitioners are usually village residents with limited training that provide primary, urgent and emergent care under strict written protocols and under the supervision of a licensed physician.

¹⁵ Division of Medical Assistance Annual Report, Fiscal Year 1996, page 58.



State of Alaska comparison

In response to the needs of Alaskans, the Division of Medical Assistance has a policy to provide children under the age of 18 with escorts. This is a significant policy for individuals living in remote villages who must travel by small passenger plane or ferry to receive specialty medical care.

E. FOCUS GROUP GOALS

The Alaska Native Medicaid Focus Groups had three goals. These goals were to:

- 1) determine the level of involvement of Alaska Native fathers in making health care decisions for their children, in providing health care for their children, and to identify any barriers that inhibit the fathers' involvement.
- 2) determine whether the health care needs of Alaska Native mothers and elders are met.
- 3) determine whether a remote Alaska native population has sufficient access to health care through the Medicaid program.

All Hoonah residents who were invited to the three focus groups attended the sessions and were active participants. The participants in the three groups identified barriers and openly discussed concerns, problems and misinformation they had received regarding the Alaska Medicaid program.

The results of the Alaska Medicaid focus groups, combined with results of the Maryland and Tennessee focus groups, should provide HCFA and Medicaid agencies with information to ensure that recipients have access to needed health care services and knowledge about the services available.

SECTION III

FATHERS' FOCUS GROUP RESPONSE HIGHLIGHTS AND SUMMARY

III

FATHERS' FOCUS GROUP RESPONSE HIGHLIGHTS AND SUMMARY

There were a total of twelve men who participated in the Alaska Native Fathers' Focus Group. The fathers ranged in ages from a 16 year old soon-to-be father to age 50+ fathers with wives, children and grandchildren on Medicaid. The Fathers' group participants developed a rapport across the generations that was both "fatherly" in terms of advice given and "kindred spirit" in nature as barriers were discussed.

A. SUMMARY OF RESPONSES

Eleven questions were asked of the participants.¹ A summary of the responses to each question is presented below.

Question #1: Why did you decide to come here and talk to us today?

One of the participants broke the ice by saying he "came for the money." In general, the men's responses indicated they came because they had specific questions about the Alaska Medicaid program. Some of these specific questions included: "*How do I know where I can go to use Medicaid coupons?*" and "*Is there a list of the cabs that accept Medicaid coupons?*".

Question #2a: How many of you live with your children and their mother? For those of you that live with your children, describe how you are involved with their health care. Do you ever take them to the doctor's office/clinic? How often? Do you have insurance other than Medicaid that helps with health care?

Half of the fathers lived with their children and their children's mothers. Three participants were soon-to-be fathers living with their wives who are on Medicaid. Generally, the fathers in this group were involved in the health care of their children. This involvement included taking their children to the clinic in Hoonah as well as taking them by plane or ferry to other providers. In addition to

¹ Complete list of Fathers' Focus Group Questions is presented in Appendix D.

Medicaid, the fathers' stated their children were also covered by IHS; one-third indicated they had some other form of other health insurance.

#2b: For those of you not living with your children, describe how you are involved with their health care. Do you take them to the doctor? Do you provide financial help for health care? Do you have insurance other than Medicaid for your family?

One father had children living out-of-state with their mother. This father participates in his children's health care by "*paying the bills and helping with health care arrangements.*"

#2c: Are any of you custodial parents, taking care of the children, with no mother in the house? If so, describe how you provide health care for the children. Are the mothers involved. Do you want them to be?

None of the participants were custodial parents taking care of children with no mother present.

Question #3: What is your opinion on the father's role in the family when it comes to taking the children to the clinic for check-ups, and making decisions regarding the health care your children receive? Do you think the father should have a major role in these decisions? How much involvement do you want to have? Or, do you think that the mother should take care of all health care matters involving the children?

All of the fathers felt that they had a role in making decisions regarding their children's health care. The fathers have taken their children for routine check-ups, immunizations, and emergencies. The soon-to-be fathers expressed the desire to be involved. One soon-to-be father said, "*I want to be involved, but I'm not sure what that means.*"

Question #4: Do you consider yourself, and your children to be in good health?

Eleven of the fathers considered themselves in good health. Ten of these fathers considered their children, or grandchildren, in good health. One of the older fathers stated he was in poor health.

Questions # 5: What are the biggest health care needs for you and your children? Are these needs being met at the present time? If no, specify what kinds of services you need that you cannot or have not been able to get through the Medicaid program.

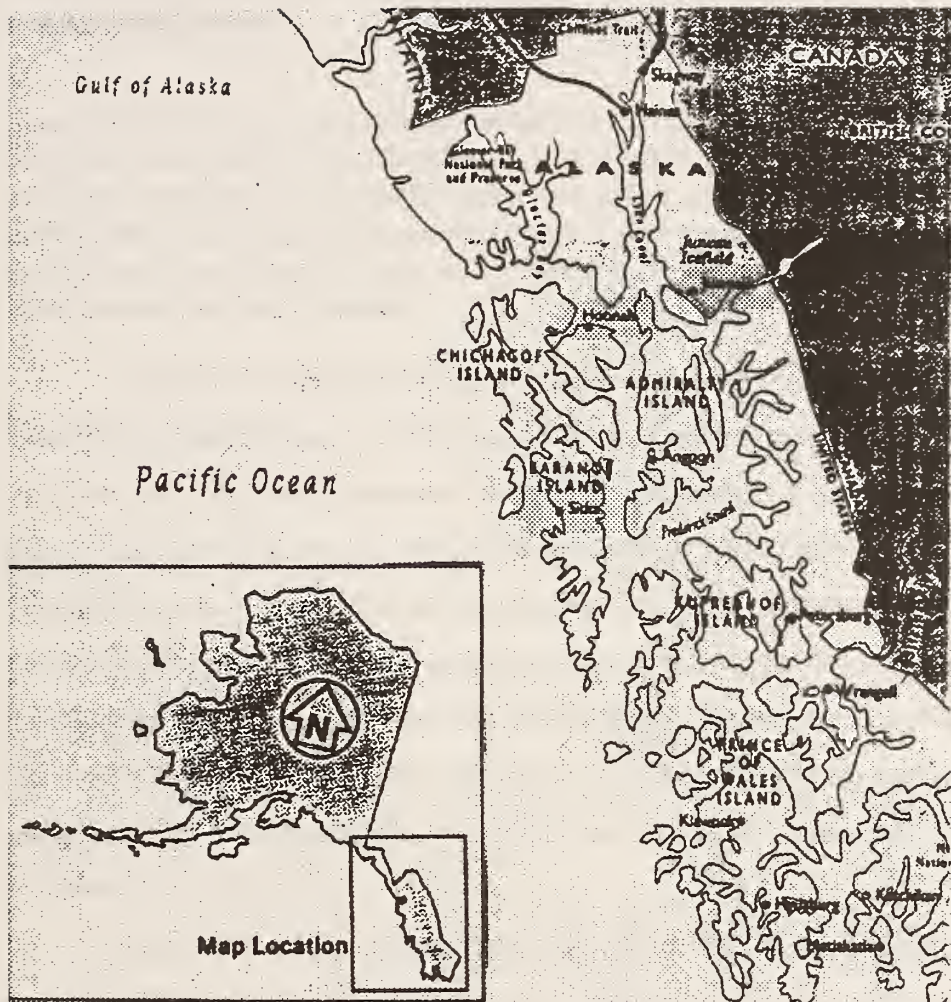
This set of questions evoked lively discussions regarding the Medicaid program. One father's concerns about the healthcare needs of his children was expressed as follows. *"What would happen if I, or their mom, dies? Are they[the children] still covered?"* Some of the fathers said travel and eye care were services either they could not get through Medicaid or they did not know how to access these services.

Question #6: Where do you go for your health care? How far is it from your home?

All of the fathers had gone to the clinic in Hoonah for primary, urgent or emergent health care services. All of the fathers had traveled to Juneau, Sitka, and Anchorage for primary and specialty care. Three fathers had traveled to Seattle for specialty care.

Juneau and Sitka are shown on the map below. Travel to Juneau is by small plane or ferry only. Travel to Sitka is by ferry or jet from Juneau. Travel to Anchorage and Seattle is by jet from Juneau. A map of Southeast Alaska is presented on the next page.

Southeast Alaska Map



Question #7: How often do you go to the doctor's office? When was the last time you went (for you or your children)?

The fathers did not go to the doctor's office or clinic often. The last time the fathers went to the clinic for their children ranged from the past week for school immunizations to several months ago.

Question #8: How did you first learn of the Medicaid program? Are you receiving Medicaid benefits also, or are they just for your children?

Most of the fathers (90%) first learned about the Medicaid program from their spouses. Approximately 45% of the fathers also heard about the Medicaid

program from personnel in the clinics in Hoonah and Sitka. Three fathers were on Medicaid themselves.

Questions #9: Do you understand what the services are that you can receive for your children through Medicaid? Has anyone ever explained them to you? Who? Have you ever been given pamphlets or other kinds of written information that explain Medicaid benefits? (for example, the shots they need, check ups, dental exams, etc...)? Do you need more information... if yes, what would you like to know?

Three fathers immediately stated they do not know what services are available through Medicaid. One father said, *"I ask every time."* Fathers who indicated that they understood what services were available primarily based this on the services their children had accessed before. None of the fathers have ever had Medicaid services explained to them by health care providers/personnel or by Medicaid personnel. None of the fathers had been given pamphlets explaining the Medicaid program. Information about the shots their children needed came from the Public Health nurse who visits Hoonah or from health care providers seen during children's check-ups. None of the fathers had ever received this type of information from Medicaid.

When asked if they needed more information, most of the fathers answered yes, with the others nodding in affirmation. Some of the types of information the fathers' needed included: *"Who has the information here in Hoonah?"*, *"Who knows about this program in Sitka?"*, *"Where is the Medicaid office in Juneau?"*, *"What services are available?"*, *"Is there a list of cabs that accept these coupons?"* and *"How often do I get these coupons?"*

Question #10: What are some of the factors that might get in the way of you being involved with your children's health care? This means things like getting off of work, not getting along with the children's mother (if you're separated), prejudices against you as a father by people at the clinic, or any other situation you can think of. Complete this sentence: "It would be easier for me to be involved in my children's health care if".

None of the fathers articulated experiencing prejudices when they accessed Medicaid services for themselves or their children. In response to the sentence, “It would be easier for me to be involved in my children’s health care if...” the fathers-to-be stated, *“if I could escort my wife and be with her during her stay in Juneau and Sitka.”* Other fathers completed this sentence with, *“if I knew what the services were”*, *“if I knew how to use these coupons”* and *“if I had a list of cabs and hotels that accept Medicaid when I go to Juneau and Sitka.”* The non-custodial father with children out of state answered, *“if the paperwork and bureaucratic process for me to give my approval for my kids to get medical treatment was easier.”*

Question #11: What additional information would you like to have about Medicaid? A State representative is here to answer your questions.

During this time, the Alaska State Medicaid representative distributed Medicaid pamphlets to the fathers. The pamphlets listed the services that are available through the Alaska Medicaid program. The information presented in the pamphlets addressed some of the questions raised by the fathers.

Questions raised during the focus group concerning 1) the use of Medicaid coupons and 2) a list of cabs that accept Medicaid were addressed by the State Medicaid representative. The Alaska State representative explained the use of the coupons. A list of cabs in Juneau and Sitka that accept Medicaid is not currently available. The representative explained that the list is exhaustive, changes frequently and is not available by city.

One father-to-be asked specific questions regarding escorting his wife to Juneau for prenatal visits and during her stay awaiting delivery². Both the father-to-be and mother-to-be had been given misinformation regarding the availability of escort services for her. The Alaska State representative listened to the problem,

² In remote parts of Alaska, pregnant women leave their home villages two - four weeks before their scheduled delivery date to await the birth of their baby. This precaution is taken ensure that both mother and baby are near the hospital in case of a complicated delivery or the need for specialized care.

called her office, and was able to resolve the problem. This case is presented in more detail in Section VI of this report.

B. MAJOR BARRIERS IDENTIFIED

The fathers identified six barriers to obtaining services and increasing their participation and decision making in the health care of their children and themselves.

These barriers are:

1. Lack of information that explains what services are available through the Medicaid program.
2. Lack of information that details which companies, such as cabs and hotels, that accept Medicaid coupons.
3. Lack of information about how Medicaid coupons work and the number of Medicaid coupons each person receives monthly.
4. No access, or limited access, to Medicaid personnel to answer questions.
5. Misinformation, misunderstanding and lack of information regarding Medicaid payment for escort services.
6. Paperwork and bureaucratic process for non-custodial fathers to give approval for medical treatment for their children.

C. FATHERS' FOCUS GROUP SUMMARY

The twelve fathers that participated in the Alaska Native Focus Group were vocal and good-natured. The fathers stated that they participate in the health care decisions affecting both their children and themselves. This participation included taking their children to the Hoonah Medical Center for immunizations and accompanying their children for clinic visits and emergencies in Juneau, Sitka and Anchorage. The fathers did not appear to experience prejudices from health care providers when they took their children in for treatment, or when they used Medicaid services.

The major barriers faced by these fathers seemed to stem from lack of information, or misinformation, regarding the Medicaid program.

SECTION IV

**MOTHERS' FOCUS GROUP
RESPONSE HIGHLIGHTS AND SUMMARY**

IV

MOTHERS' FOCUS GROUP RESPONSE HIGHLIGHTS AND SUMMARY

Fourteen women participated in the Alaska Native Mothers' Focus Group. The women ranged in ages from a 14 year old soon-to-be mother to age 48. The Mothers' group participants freely discussed their experiences, satisfaction and frustrations with the Alaska Medicaid program.

A. SUMMARY OF RESPONSES

Thirteen questions were asked of the participants.¹ A summary of the responses to each question is presented below.

Question #1: Where do you go for your health care? How far is it from your home?

All of the mothers present utilized the Hoonah Medical Center. In addition to the Hoonah Medical Center, the mothers go to Juneau, Sitka and Anchorage for health care for themselves and their children.

Question #2: How did you first learn of the Medicaid program? How were you enrolled?

The mothers heard about the Alaska Medicaid program from a variety of sources. Five mothers heard about the program from health care providers at the Hoonah Medical Center; five from clinics in Juneau and Sitka; two from "*field agents*"; one from "*reading*"; and one "*while I was a patient in the Burn Center.*"

The mothers were enrolled at the clinics and by field agents.

Question #3: Do you understand what the services are that you can receive through Medicaid? Has anyone ever explained them to you? Who? Have

¹ Complete list of Mothers' Focus Group Questions is presented in Appendix E.

you ever been given pamphlets or other kinds of written information that explain Medicaid benefits?

One mother has been enrolled since 1984. This mother stated, *“I got information about the kids only. I haven’t gotten any additional information since.”* Another mother stated, *“I don’t use it for myself. I would if I knew what services were available.”* Generally, the mothers seemed to know what services were available for their children. Most of the mothers, however, were not aware of the services available for themselves.

When asked if the Alaska Medicaid program had ever been explained to them, only one mother answered yes. The program was explained to this mother by a *“Medicaid person in Juneau, over the phone.”*

When asked if they have ever received any pamphlets or written information about the Medicaid program only one mother answered yes. The rest of the comments made by the remaining thirteen mothers were as follows: one mother stated, *“I asked for a booklet, but didn’t get it.”*, ten mothers stated, *“No pamphlets, and no explanation of services.”* and one mother stated, *“No one ever sent me anything. I learn as I go along.”*

Question #4: Do you consider yourself, and your children to be in good health?

Half of the mothers considered themselves in good health, half did not. All of the mothers considered their children in good health.

Question #5: How often do you go to the doctor’s office? When was the last time you went (for you or your children)?

Three of the mothers stated they *“go to the clinic every week for myself or the kids.”* Eleven mothers go to the *“clinic here or in Juneau and Sitka monthly.”*

Question #6: How do you know what kinds of health care your children need (for example, the shots they need, check ups, dental exams, etc.)? Do you need more information... if yes, what would you like to know?

The mothers stated that they receive most of their information about when shots and check-ups are needed from the clinic staff in Hoonah, Juneau and Sitka. The topic of dental exams invoked a lot of discussion. The mothers stated: *“The waiting list is too long in Hoonah.”*²; *“It’s hard to get in to see the dentist.”*; *“Hard? It’s impossible to get in to see the dentist!”*

When asked if they needed more information, all of the mothers responded with an emphatic “yes”. The type of information that mothers needed included, *“what services are offered”* and *“what services are available for adults.”* The soon-to-be mother wanted more information about escort services. She said, *“I’m fourteen and they told my husband that they would not pay for him to come with me for my check-ups and Lamaze classes. I want him with me.”*³

Question #7: What are the biggest health care needs for you and your children? Are these needs being met at the present time? If no, specify what kinds of services you need that you cannot or have not been able to get through the Medicaid program.

The biggest health care needs for the mothers and their children that were not being met were dental services. The mothers stated: *“All of the dentists are backed up.”* and *“The waiting list here in Hoonah is too long.”* Six mothers stated that: *“The mammography’s waiting list is too long.”*⁴ Seven mothers stated: *“Everything’s a waiting list.”* One mother said, *“I have to go out of town for my injections. Why can’t they be done here to cut down on costs?”*

² Hoonah Medical Center has a dental clinic that is staffed with dentists that work for South East Alaska Regional Health Care (SEARHC). The dentists are on site in Hoonah four days every two months on average. The waiting list in Hoonah currently has 90+ patients on it.

³ This soon-to-be mother was referred to the Alaska Medicaid representative for help and clarification regarding escort services. Section VI deals with this case.

Question #8: How many of you live with the father of your children? How many do not?

Eight of the mothers indicated they live with the father of their children. Six of the mothers responded that they did not.

Question #9a: If the father lives at home with you, what has been his role in providing health care for you and the children? Does he take them to the doctor's office? Is he involved in making decisions about health care?

Eight mothers live with the fathers of their children. One mother stated the father of her children, *"works long hours and can't take the children to the clinic."* One mother said, *"My child is a daddy's girl, he takes her to the clinic."* Another mother said, *"He knows what to do, but I tell him anyway before he goes to the clinic."* This response received nods of agreement from several other mothers.

The soon-to-be mother said, *"I haven't thought about that yet. I just want him to be with me in Juneau when I deliver, and he wants to be there."*

Seven mothers said the fathers were involved in making decisions about their children's health care. The fathers took the children to the clinic and knew if the children needed medical care.

Question #9b: If the father does not live at home with you, has he had a role in providing health care for you and the children? What role would you like to seek your child(ren)'s father play in providing health care? Do you wish financial help only, or would you like the absent father to be directly involved in making health care decisions, and go to the doctor with you and the children?

The mothers who do not live with their children's fathers agreed the fathers *"ask about the kids health."* One mother stated that when the father was there he *"would take his turn in the ER with the kids."* None of the mothers said they wanted the fathers to take a more active role.

⁴ The Hoonah Medical Center and Bartlett Memorial Hospital in Juneau bring a mobile mammography unit to Hoonah by ferry once a year. The waiting list for this service in Hoonah is very long.

Question # 10: What do you believe is the best way to get health care information to parents who do not live with their child(ren), and to get them involved?

The mothers said that the best way to get information to non-custodial parents is to mail it to them. *“Sending newsletters, pamphlets and updates regarding changes through the mail is the best way to let them know.”* One mother said, *“Send the information to the clinic. They will make sure parents know about the changes.”* Two other mothers indicated their agreement that sending information to the clinic was the best method.

Question #11: What are some of the factors that might hinder your ability to provide adequate health care to your child(ren)? This means things like getting to the doctor’s office, not having a babysitter, not being able to see the doctor you want, not getting the services you need, etc... Complete this sentence: “Health care for me and my children would be better if.....”.

The mothers said the travel from Hoonah to Sitka and Juneau hinders their ability to provide adequate healthcare to their children. The mothers stated: *“It’s hard to travel with kids when I have to go to Sitka or Juneau”, “It’s hard to get a babysitter when I have to travel to Sitka or Juneau.”* One mother responded this way, *“having a cot available when I have to travel to Sitka by ferry. The trip was 17 hours and I was in pain.”*

When asked to complete the sentence, “Health care for me and my children would be better if...”, the mothers said:

“if dental services were available.”

“if eyeglasses were available for adults.”

“if they had better services here, like a doctor here everyday.”

“if I knew what doctors take Medicaid.”

“if the cabs in Juneau would take Medicaid. Some of the cabs make patients pay cash because they say they can’t get paid.”

“if I knew what to do with the Medicaid coupons.”

“if my husband could go with me for prenatal visits and Lamaze classes, and be with me when I deliver.”

“if I knew how to call Medicaid. I don’t know their phone number at all.”

“if I didn’t run out of coupons. The airlines use so many. Why can’t they use one a month?”

Question #12: When your child goes to the doctor or needs medical attention, how is it paid for? Do you have any other insurance that helps with medical bills besides Medicaid?

In addition to Medicaid, thirteen of the mothers are having their medical services paid for through IHS. One mother stated she has, *“no other source of help. I pay whatever I can.”* Four mothers pay out-of-pocket for services that Medicaid covers, such as dental services for children and visits to non-IHS doctors. When asked why, the mothers stated, *“[I] heard Medicaid would not cover [those services].”*

Questions #13: What additional information would you like to have about Medicaid? A State representative is here to answer your questions.

When asked what additional information they would like to have about Medicaid, all of the mothers said *“an overview”* and *“everything.”* Seven mothers said, *“information about all of the changes.”* One mother said, *“I received a notice of disenrollment. I don’t understand why. I’m only 19, is that the cut-off age?”* Four mothers said, *“explain the options.”*; *“Give me something that tells me what is covered.”* Four mothers said, *“Give the information to the people at the clinics in Hoonah, Juneau, and Sitka.”*; *“They tell us different things all the time.”*; *“Everyone involved [Hoonah, Juneau, Sitka] needs to know and understand the same thing, especially regarding travel, so we can get the same answers.”* Ten mothers said, *“[We] want to know about the changes directly from Medicaid.”*; *“Why can’t they send us the changes?”*

The mothers were also concerned about the proposed changes in the welfare system and the impact that will have on Medicaid. One mother asked, *“What about the new five year limitation [on welfare]?”* Another mother asked, *“What’s going to happen with welfare reform?”* Several mothers wanted to know if, *“my Medicaid benefits will be cut off in five years?”*

The Alaska Medicaid representative was unable to attend this focus group because of the weather in Juneau and Hoonah. All of the questions and concerns were given to her when she was able to fly into Hoonah.

B. MAJOR BARRIERS IDENTIFIED

The mothers identified six barriers to obtaining services and increasing their participation and decision making in the health care of their children and themselves.

These barriers are:

1. Lack of information that explains what services are available through the Medicaid program.
2. Lack of information that details which companies, such as cabs and hotels, accept Medicaid coupons.
3. Lack of information about how Medicaid coupons work and the number of Medicaid coupons each person may receive monthly.
4. No access, or limited access, to Medicaid personnel to answer questions.
5. Misinformation, misunderstanding and lack of information regarding Medicaid payment for escort services.
6. Misconceptions and lack of information regarding the Medicaid eligibility process.

C. MOTHERS' FOCUS GROUP SUMMARY

The fourteen mothers that participated in the Alaska Native Focus Group were knowledgeable about the services available for their children and frustrated by the lack of consist information. Generally, the mothers knew what services were available for their children and how to access them, but they didn't know which services were available for adults. The mothers expressed frustrations over the long waiting lists for dental and mammography services.

The need for written information, information regarding changes in Medicaid covered services, and accurate and consistent information from providers

in Hoonah, Sitka and Juneau regarding the Medicaid program in general was discussed by the mothers throughout the focus group session.

The major barriers faced by the mothers seem to stem from lack of information, or misinformation, regarding the Medicaid program.

SECTION V

**ELDERS' FOCUS GROUP
RESPONSE HIGHLIGHTS AND SUMMARY**

ELDERS' FOCUS GROUP RESPONSE HIGHLIGHTS AND SUMMARY

Twelve women participated in the Alaska Native Elders' Focus Group. Male elders were invited to this meeting, but they chose to attend the Fathers' Focus Group. One of the male elder's stated, "*I didn't want to go to the old lady group. I wanted to come with the men.*"

A. SUMMARY OF RESPONSES

Eleven questions¹ were asked during this 45-minute focus group. A summary of the responses to the questions is presented below.

Question #1: How many of you live with other family members? How many live alone?

Three elders live alone. Eight elders live with other family members.

Question #2: Do you consider yourself to be in good health? What kinds of health problems are you experiencing?

One elder stated, "*sometimes I'm in good health.*" Generally, most of the elders (9) considered themselves in good health. One elder said, "*my health is not good.*"

Question #3: How often do you go to the doctor's office? When was the last time you went and why?

Three elders said they "*go to the clinic [Hoonah] quite often, especially when the doctor comes.*" Three other elders said "*I go about once a month.*"

Question #4: Where do you go for your health care? When was the last time you went and why?

¹ A complete list of Elders' Focus Group Questions is presented in Appendix F.

The elders receive their health care from the Hoonah Medical Center and Mt. Edgecumbe Hospital. Four of the elders have gone to the Alaska Native Medical Center in Anchorage for surgery and specialist care.

The next set of seven questions were specific to the Medicaid program. During the first question, “How did you learn of the Medicaid program?” it became obvious that there was a lot of confusion regarding the difference between Medicaid and Medicare, who qualifies for Medicaid, what services are available through Medicaid, and the entire eligibility process. Some of the elders’ questions were, “*how do you qualify for Medicaid?*”; “*Can I have Medicaid and Medicare?*”; “*Where do I get information.*” One elder had begun the eligibility process but did not complete it because, “*The questions were too intrusive, too personal. Why do they need to know all of that?*”

The Alaska Medicaid representative explained the benefits of the Medicaid program, discussed the services that are covered under Medicaid, and talked about the eligibility process. Upon hearing the benefits of the program, the elders were interested in knowing “*all about the application process.*” Some of the elders are “*paying my medical care myself*” because they did not know Medicaid would cover the services. None of the elders had ever received pamphlets or other written information that explained the Medicaid program.

B. MAJOR BARRIER IDENTIFIED

The elders identified two major barriers in obtaining services provided under the Alaska Medicaid program. These barriers were:

1. Lack of information that explains what services are available through the Medicaid program.
2. Misconceptions and lack of information regarding the Medicaid eligibility process.

C. ELDERS’ FOCUS GROUP SUMMARY

The twelve elders that participated in the Alaska Native Focus Group were not knowledgeable about the Medicaid program in general or the Alaska Medicaid program specifically. There was great confusion over the difference between Medicaid and Medicare, the eligibility process, who qualifies, and what services are available.

The elders wanted to receive more specific information regarding the eligibility process. They want an eligibility worker to come to the Hoonah Senior Center, explain the eligibility process to them, explain the benefits, and start the application process with them.

As a result of this focus group, Ms. Johanna Dybdahl, Hoonah Indian Association Tribal Administrator, sent a request to the Alaska Medicaid office to provide an Alaska Medicaid eligibility worker for one day in Hoonah to explain the Alaska Medicaid program and start the application process for the elders.

SECTION VI

PROBLEM IDENTIFIED AND RESOLVED

VI

PROBLEM IDENTIFIED AND RESOLVED

One of the tangible, positive results of bringing HCFA and Alaska Medicaid representatives directly to Medicaid recipients is the opportunity to correct misinformation and solve problems. In Hoonah, the Alaska Medicaid representative, Ms. Nancy Weller, was able to solve a specific problem, correct misinformation and help the recipients access Medicaid covered services.

A. PROBLEM IDENTIFIED

A 14 year old, pregnant and married girl attended the Mothers' Focus Group. During the course of the focus group, she relayed her problem regarding escort services provided by the Alaska Medicaid program. She said, "*I'm fourteen and they told my husband that they would not pay for him to come with me for my check-ups and Lamaze classes. I want him with me.*" The 14 year old further stated that HIA and the Alaska Native Sisterhood (ANS) had helped her by paying her husband's airfare to Juneau so he could be with her. She wasn't sure who gave her the information that Medicaid would not pay for her husband to escort her.

Her husband attended the Fathers' Focus Group the next day and relayed the problem again.

B. PROBLEM RESEARCHED

The 14 year old and her husband met with Ms. Nancy Weller after the Fathers' Focus Group. After hearing the young couple state their problem, Ms. Weller called her office to research the problem and to provide them with answers.

C. PROBLEM SOLVED

The 14 year old had been given misinformation concerning Alaska Medicaid's refusal to pay for escort services for her husband. Alaska Medicaid does pay for escort services and Ms. Weller was able to provide accurate information. The following day the young couple were on the plane to Juneau together for the mother-to-be's check-up and Lamaze class.

D. SUMMARY

Misinformation and lack of a source of accurate information were identified as barriers by all three Alaska Native Focus Groups. In this instance, an Alaska Medicaid representative was able to correct the misinformation and the Medicaid recipients were able to access the covered services. This case points out (1) the critical need for written information and (2) the need for all providers to understand the Medicaid program so they disseminate correct information.

Bringing HCFA and Medicaid representatives to Hoonah provided the opportunity to correct misinformation. The focus groups, and this specific problem, also provided the Medicaid representative the opportunity to see the negative impact of recipients receiving no information and misinformation. The Medicaid representative responded swiftly and compassionately to resolve the situation.

SECTION VII

RECOMMENDATIONS

VII

RECOMMENDATIONS

The Alaska Native Medicaid Focus Group participants identified seven major barriers to obtaining services and increasing their participation and decision making in the health care of their children and themselves. Based on these seven barriers, HCFA has developed the following recommendations for the Alaska State Medicaid program.

BARRIER #1: Lack of information that explains what services are available through the Medicaid program.

Recommendation #1: Review current written Medicaid recipient information, i.e., brochures, pamphlets and other material, to ensure the information is presented in a clear and understandable manner.

Recommendation #2: Distribute written material to all current Medicaid recipients. Focus group participants indicated sending this information to their homes is the best way to distribute. In addition, distribute a significant number of copies of all written material to clinics and health centers in all villages and rural communities throughout Alaska. Focus group participants indicated they frequently rely on providers in these clinics and health centers for Medicaid information.

Recommendation #3: Prepare and distribute program fact sheets that detail services available to each group of Medicaid recipient, such as families with children under 21, pregnant women, and age 65 or over. Program fact sheets should be mailed to each Medicaid recipient and made available in all clinics, health centers and hospitals.

Recommendation #4: Distribute changes in the Medicaid program's services to all recipients and all clinics, health centers and hospitals in Alaska.

Recommendation #5: Create an enrollee hotline that provides Medicaid program information.

BARRIER #2: Lack of information that details which companies, such as cabs and hotels, accept Medicaid coupons.

Recommendation #6: Develop list of companies that accept Medicaid coupons, by region, such as Southeast Alaska and the Interior. Make this list available to all clinics, health centers and hospitals.

Recommendation #7: Encourage companies to develop outreach materials that indicates their participation in the Medicaid program.

Recommendation #8: Notify all clinics, health centers and hospitals when companies become new participants in the Medicaid program and when they are no longer participating.

BARRIER #3: **Lack of information about how Medicaid coupons work and the number of Medicaid coupons each person receives monthly.**

Recommendation #9: Include a brief, clear and concise statement regarding the use of Medicaid coupons with each mailing of coupons to recipients.

Recommendation #10: Develop and distribute to all clinics, health centers, doctor's offices and hospitals fact sheets regarding the use of Medicaid coupons.

Recommendation #11: Develop and distribute to all companies participating in the Medicaid program a fact sheet regarding the acceptance and use of Medicaid coupons.

BARRIER #4: **No access, or limited access, to Medicaid personnel to answer questions. Many participants did not know how to reach Medicaid offices by phone.**

Recommendation #12: Provide each recipient with a wallet-type card that lists contact numbers at the Alaska Medicaid office.

Recommendation #13: Include Alaska Medicaid contact numbers on all mailings to recipients.

BARRIER #5: **Misconceptions and lack of information regarding the Medicaid eligibility process.**

Recommendation #14: Develop partnerships with local communities to participate in health fairs and community outreach programs with the purpose of explaining the Medicaid program and the eligibility process. Provide adequate resources at these gatherings to assist individuals by initiating the application process when appropriate.

BARRIER #6: Misinformation, misunderstanding and lack of information regarding Medicaid payment for escort services.

Recommendation #15: Develop a fact sheet explaining Medicaid payment for escort services. The fact sheet should clearly explain who is eligible, what is covered, and include a contact phone number for additional information.

Recommendation #16: Distribute escort services' fact sheet to all Medicaid participants, clinics, health centers and hospitals.

Recommendation #17: Develop a "providers fact sheet" that explains Medicaid's escort services to all clinic, health center, doctor's office and hospital staff.

BARRIER #7: Paperwork and bureaucratic process for non-custodial fathers to give approval for medical treatment for their children.

Recommendation #18: Complete paperwork for non-custodial parents at the time children are enrolled in the Medicaid program or as soon as Medicaid is notified of the non-custodial status of a parent.

Recommendation #19: Develop a code on children's Medicaid coupons that indicates the approval by non-custodial parents for medical treatment for their children.

APPENDIX A

PRESIDENT CLINTON'S MEMORANDUM

THE WHITE HOUSE:

Washington

June 16, 1995

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND
AGENCIES

SUBJECT: Supporting the Role of Fathers in Families

I am firm in my belief that the future of our Republic depends on strong families and that committed fathers are essential to those families. I am also aware that strengthening fathers' involvement with their children cannot be accomplished by the Federal Government alone; the solutions lie in the hearts and consciences of individual fathers and the support of the families and communities in which they live. However, there are ways for a flexible, responsive Government to help support men in their roles as fathers.

Therefore, today I am asking the Federal agencies to assist me in this effort, I direct all executive departments and agencies to review every program, policy, and initiative (hereinafter referred to collectively as "programs") that pertains to families to:

- o ensure, where appropriate, and consistent with program objectives, that they seek to engage and meaningfully include fathers;
- o proactively modify those programs that were designed to serve primarily mothers and children, where appropriate and consistent with program objectives, to explicitly include fathers and strengthen their involvement with their children;
- o include evidence of father involvement and participation, where appropriate, in measuring the success of the programs; and

o incorporate fathers, where appropriate, in government initiated research regarding children and their families.

I ask the departments and agencies to provide an initial report on the results of the review to the Vice President through the national Performance Review within 90 days of the date of this memorandum.

The information gained from this review will be combined with information gathered through the Vice President's "Father to Father" initiative and other father involvement programs to determine the direction of those programs for the future. The National Performance Review, together with the Domestic Policy Council, will recommend further action based on the results of this review.

William J. Clinton

APPENDIX B

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
THE FATHERHOOD INITIATIVE**



The Fatherhood Initiative

On June 16, 1995 President Clinton requested every agency of the Federal government to review its programs and policies with the purpose of strengthening the role of fathers in families. Under the leadership of Secretary Donna Shalala, the Department has undertaken a number of activities that recognize and support the roles of fathers in families. These activities are guided by the following principles:

- All fathers can be important contributors to the well-being of their children.
- Parents are partners in raising their children, even when they do not live in the same household.
- The roles fathers play in families are diverse and related to cultural and community norms.
- Men should receive the education and support necessary to prepare them for the responsibility of parenthood.
- Government can encourage and promote father involvement through its programs and through its own workforce policies.


The Department's activities also take into account that there are some circumstances where increased involvement by a father or a mother may not be in the best interest of the child. However, this would be true only for a small number of children. The Department continues to strongly support family preservation and reunification efforts when they do not risk the safety of the child.

Resources and Documentation

- First Year Implementation Report on the Department of Health and Human Services' actions to respond to the President's Initiative on Fatherhood.
- Evaluation of the Implementation of the Child Support Guidelines: Part III USER'S GUIDE TO THE PUBLIC USE DATABASE (Database also available.)
- The President's Memorandum to Heads of Executive Departments and Agencies of June 16, 1995 on supporting the role of fathers in families.
- Fathering: The Man and The Family, the Department of Health and Human Services' (DHHS) report of its initial review and plan of action. October 16, 1995.
- *Non-Custodial Parent's Participation in Their Children's Lives: Evidence from the Survey of Income and Program Participation. Volume 1: Summary of SIPP Analysis* by Christine Winquist Nord and Nicholas Zill of Westat, Inc. August, 1996. Only the Executive Summary is available in this format (html). The full text of both volume 1 and 2 as Word Perfect, Excel and Harvard Graphics files (354Kb) may be downloaded via FTP as a self-extracting (.exe) compressed file (P-INVOL1.EXE).
- *Non-Custodial Parent's Participation in Their Children's Lives: Evidence from the Survey of Income and Program Participation. Volume 2: Synthesis of Literature and Annotated Bibliography* by Christine Winquist Nord and Nicholas Zill of Westat, Inc. August, 1996.
- *Responsible Fathering: An Overview and Conceptual Framework*, by William J. Doherty, Edward F. Kouneski, and Martha Farrell Erickson of the University of Minnesota. September,

1996. Go to the [Executive Summary](#) or the [full report](#) (95 Kb).

Requests for additional information should be addressed to us at [ASPE](#).

 [ASPE home page](#) .



[DHHS home page](#) .

APPENDIX C

ALASKA STATUTE 47.07.035

MEDICAL ASSISTANCE PRIORITY (AS 47.07.035)

If the cost of medical assistance for all eligible persons exceeds the amount allocated in the state budget for the fiscal year, the department shall eliminate coverage for optional medical services and optionally eligible groups of individuals according to the medical assistance priority found in AS 47.07.035. The priority listing of optional medical services and optionally eligible groups of individuals are listed in order as follows:¹

1. midwife services;
2. clinical social workers' services;
3. psychologists' services;
4. chiropractic services;
5. advanced nurse practitioner services;
6. adult dental services;
7. emergency hospital services;
8. treatment of speech, hearing, and language disorders;
9. optometrists' services and eyeglasses;
10. occupational therapy;
11. mammography screening;
12. prosthetic devices;
13. medical supplies and equipment;
14. targeted case management services;
15. rehabilitative services for substance abuser and emotionally disturbed or chronically mentally ill adults;
16. clinic services;
17. physical therapy;
18. personal care services in recipient's home;
19. prescribed drugs;
20. hospice care;
21. long-term care non-institutional services;
22. inpatient psychiatric facility services;
23. intermediate care facility services for the mentally retarded;
24. intermediate care facility services;
25. individuals described in AS 47.07.020(b)(11);
26. individuals under age 21 who are not eligible for benefits under the federal AFDC program because they are deprived of one or more of their natural or adoptive parents;
27. skilled nursing facility services for people under age 21;
28. aged, blind and disabled individuals who, because they do not meet income requirements, do not receive supplemental security income under Title XVI of the Social Security Act, but who are eligible, or would be eligible if they were not in a skilled nursing facility, or intermediate care facility, to receive an optional state supplementary payment;
29. individuals in a hospital, skilled nursing facility, or intermediate care facility whose income while in the facility, does not exceed 300% of the supplemental security income benefit rate under Title XVI of the Social Security Act, but who, because of income, are not eligible for the optional state supplementary payment;
30. individuals under age 21 under supervision of the department for whom maintenance is being paid in whole or part from public money and who are in foster homes or private child-care institutions;
31. individuals under age 21 who the department has determined cannot be placed for adoption without medical assistance because of a special need for medical or rehabilitative care and who the department has determined are hard-to-place children eligible for subsidy under AS 25.23.190-25.23.220.

¹ Alaska State Division of Medical Assistance Annual Report FY96, page 67.

APPENDIX D

FATHERS' FOCUS GROUP QUESTIONS

CUSTODIAL AND NONCUSTODIAL FATHERS' FOCUS GROUP QUESTIONS

1. Why did you decide to come here and talk to us today?
2. How many of you live with your children and their mother? For those of you that live with your children, describe how you are involved with their health care. Do you ever take them to the doctor's office/clinic? How often? Do you have insurance other than Medicaid that helps with health care?

For those of you not living with your children, describe how you are involved with their health care. Do you take them to the doctor? Do you provide financial help for health care? Do you have insurance other than Medicaid for your family?

Are any of you custodial parents, taking care of the children, with no mother in the house? If so, describe how you provide health care for the children. Are the mothers involved. Do you want them to be?

3. What is your opinion on the father's role in the family when it comes to taking the children to the clinic for check-ups, and making decisions regarding the health care your children receive? Do you think the father should have a major role in these decision? How much involvement do you want to have? Or, do you think that the mother should take care of all health care matters involving the children?
4. Do you consider yourself, and your children to be in good health?
5. What are the biggest health care needs for you and your children? Are these needs being met at the present time? If no, specify what kinds of services you need that you cannot or have not been able to get through the Medicaid program.
6. Where do you go for your health care? How far is it from your home?
7. How often do you go to the doctor's office? When was the last time you went (for you or your children)?
8. How did you first learn of the Medicaid program? Are you receiving Medicaid benefits also, or are they just for your children?
9. Do you understand what the services are that you can receive for your children through Medicaid? Has anyone ever explained them to you? Who? Have you ever been given pamphlets or other kinds of written information that explain Medicaid benefits? (for example, the shots they need, check ups, dental exams, etc...)? Do you need more information... if yes, what would you like to know?

10. What are some of the factors that might get in the way of you being involved with your children's health care? This means things like getting off of work, not getting along with the children's mother (if you're separated), prejudices against you as a father by people at the clinic, or any other situation you can think of). Complete this sentence: "It would be easier for me to be involved in my children's health care if".

11. What additional information would you like to have about Medicaid? A State representative is here to answer your questions.

APPENDIX E

MOTHERS' FOCUS GROUP QUESTIONS

MOTHERS' FOCUS GROUP QUESTIONS

1. Where do you go for your health care? How far is it from your home?
2. How did you first learn of the Medicaid program? How were you enrolled?
3. Do you understand what the services are that you can receive through Medicaid? Has anyone ever explained them to you? Who? Have you ever been given pamphlets or other kinds of written information that explain Medicaid benefits?
4. Do you consider yourself, and your children to be in good health?
5. How often do you go to the doctor's office? When was the last time you went (for you or your children)?
6. How do you know what kinds of health care your children need (for example, the shots they need, check ups, dental exams, etc.)? Do you need more information... if yes, what would you like to know?
7. What are the biggest health care needs for you and your children? Are these needs being met at the present time? If no, specify what kinds of services you need that you cannot or have not been able to get through the Medicaid program.
8. How many of you live with the father of your children? How many do not?
9. A) If the father lives at home with you, what has been his role in providing health care for you and the children? Does he take them to the doctor's office? Is he involved in making decisions about health care?

B) If the father does not live at home with you, has he had a role in providing health care for you and the children? What role would you like to see you child(ren)'s father play in providing health care? Do you wish financial help only, or would you like the absent father to be directly involved in making health care decisions, and going to the doctor with you and the children.
10. What do you believe is the best way to get health care information to parents who do not live with their child(ren), and to get them involved?
11. What are some of the factors that might hinder your ability to provide adequate health care to your child (ren)? This means things like getting to the doctor's office, not having a babysitter, not being able to see the doctor you want, not getting the services you need, etc...) Complete this sentence: "Health care for me and my children would be better if.....".

12. When your child goes to the doctor or need medical attention, how is it paid for? Do you have any other insurance that helps with medical bills besides Medicaid?
13. What additional information would you like to have about Medicaid? A State representative is here to answer your questions.

APPENDIX F

ELDERS' FOCUS GROUP QUESTIONS

ELDERS' FOCUS GROUP QUESTIONS

1. How many of you live with other family members? How many live alone?
2. Do you consider yourself to be in good health? What kinds of health problems are you experiencing?
3. How often do you go to the doctor's office. When was the last time you went and why?
4. Where do you go for your health care? When was the last time you went and why?
5. Does anyone ever come to home to help you out, or give you health care? Would you prefer it if doctors and nurses came to your home to see you?
6. How did you first learn of the Medicaid program? How were you enrolled?
7. Do you understand what the services are that you can receive through Medicaid? Has anyone ever explained them to you? Who? Have you ever been given pamphlets or other kinds of written information that explain Medicaid benefits?
8. What kinds of services do you need that you cannot or have not been able to get through the Medicaid Program or IHS?
9. What are some of the factors in your life that prevent you from getting health care you need? This means things like getting to the doctor's office, having no one take you, not feeling well enough to travel to the clinic, etc.. Complete this sentence: "Health care for me would be better if"
10. Do you have any other private insurance that helps with medical bills besides Medicaid? Are any of you on Medicare?
11. What additional information would you like to have about Medicaid? A State representative is here to answer your questions.

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